

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029091

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 151

Primary Registration District No. 4293

Registrar's No. 82

STATE FILE NUMBER

FILED JUL 23 1963

1. PLACE OF DEATH

a. COUNTY Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Elsberry

Length of stay in 1b
40 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 609 West Lincoln

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln

c. CITY OR TOWN Elsberry

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
609 West Lincoln

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First PHILIP

Middle CARLTON

Last CHAMBERLAIN - DVM

4. DATE OF DEATH

Month Day Year
July 20, 1963

5. SEX
male

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9-10-85

9. AGE (last birthday)
77

IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Veterinary Medicine

10b. KIND OF BUSINESS OR INDUSTRY
private practice

11. BIRTHPLACE (City and state or country)
Pittsfield, Illinois

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Aaron Chamberlain

13b. MOTHER'S MAIDEN NAME

Harriet Strubinger

14. NAME OF HUSBAND OR WIFE

Alsulia (nee Baker)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Aldulia Chamberlain Elsberry, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PNEUMONIA (TERMINAL)

INTERVAL BETWEEN ONSET AND DEATH
4 days

DUE TO (b)

CEREBRAL ARTERIOSCLEROSIS

DUE TO (c)

EMBOLOSIS

6 MO.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-1-63 to 7-20-63 and last saw him alive on 7-19-63
Death occurred at 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
July 22, 1963

23c. NAME OF CEMETERY OR CREMATORIUM
Taylor-Martin

23d. LOCATION (City, town, or county)
Pittsfield, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ricks Funeral Home

Elsberry, Mo.

25. DATE RECD. BY LOCAL REG.

7/22/63

26. REGISTRAR'S SIGNATURE

Ray T. Kessel

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4012

P. O. Address Elmhurst, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting, as above.

If this body is not embalmed, fact should be so stated above.

LOCAL EMBALMERS ASSOCIATION